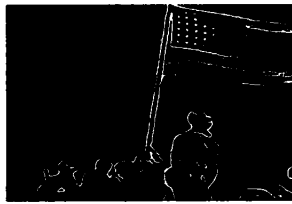


Paul Caprio
President



Patriotic Veterans, Inc.

RECEIVED Col. Charles
Thomann,
U.S. Army, (Ret.)
2012 JUN 11 AM 8:27
FLEMAIL CENTER

Tuesday, June 5, 2012

Patriotic Veterans, Inc.

I.D. C30001978

This is in response to your letter of May 29, 2012 requesting information about a radio ad paid for by Patriotic Veterans, Inc.

Per your request, Patriotic Veterans, Inc. is filing an amendment to include the name, address, employee and occupation of each person sharing or exercising control.

Thank you for bringing this to our attention.

Sincerely,

Paul Caprio
Treasurer

414 North Orleans Plaza • Suite 320 • Chicago, IL 60654 • Phone: 312-670-4238

Fax: 312-670-4240 • Email: PaulCaprio@PatrioticVeterans.org • www.Patrioticveterans.org

12030821540

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

RECEIVED

2012 JUN 11 AM 9:27

FEC MAIL CENTER

1. Person Making the Disbursements/Obligations

(a) Name

Patriotic Veterans, Inc.

(b) Address (number and street) ☐ check if different than previously reported

414 N Orleans Plaza Ste. 320

(c) City, State and ZIP Code

Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30001978

3. Is This Statement

New

or

☒ Amended

4. Covering Period

01/01/2012

through

03/31/2012

5. (a) Date of Public Distribution(s)

03/17/2012

(b) Communication Title

Patriotic Veterans #3

6. The filer is a(n):

(a)

Individual

(b)

Unincorporated Organization

(c)

☒ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify:

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

☒

No

8. Custodian of Records

(a) Name

Paul Caprio

(b) Address (number and street)

414 N. Orleans Plaza Ste 320

(c) City, State and ZIP Code

Chicago, IL 60654

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement

10. Total Disbursements/Obligations This Statement

, 15,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Paul Caprio

SIGNATURE

D. Paul Caprio

DATE

6/5/12

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

12030821541

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 3

11. Person(s) Sharing/Exercising Control

A. (a) Name Paul Caprio	
(b) Address (number and street) 414 N Orleans Plaza Ste 320	
(c) City, State and ZIP Code Chicago, IL 60654	
(d) Name of Employer or Principal Place of Business Paul Caprio & Associates	(e) Occupation Consultant
B. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

12030821542

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 3 OF 3

A. Full Name (Last, First, Middle Initial) of Payee <u>Advertising Associates</u>		Date of Disbursement or Obligation <u>03'16'2012</u>	
Mailing Address of Payee <u>10491 FM 2451 Scurry, TX 75158</u>		Amount <u>1500000</u>	
City State Zip Code 		Communication Date <u>03'17'2012</u>	
Name of Employer Occupation <u>Patnotic Veterans #3 radio Ad.</u>			
Purpose of Disbursement (Including title(s) of communication(s)) <u>Adam Winzinger</u>			
Name of Federal Candidate	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <u>16</u> District: <u>16</u>	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
B. Full Name (Last, First, Middle Initial) of Payee			
Mailing Address of Payee			
City State Zip Code			
Name of Employer Occupation			
Purpose of Disbursement (Including title(s) of communication(s))			
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
SUBTOTAL of Disbursements/Obligations This Page (optional)		<u>1500000</u>	
TOTAL This Period (last page this line number only) (carry total from last page to Line 10)		<u>1500000</u>	

12030821543

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 4/5/12
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
--	------------

☐ Postmark Illegible

☐ No Postmark

<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

ASD
PREPARER
(3/2005)

6/11/12
DATE PREPARED

12030821544